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MN022801. Navy Medicine Sailors On Comfort Head For Baltic Exercise
By JO2 Ellen Maurer, USNS Comfort

BETHESDA, MD - Sailors from the National Naval Medical Center (NNMC), and its branch clinics are underway this week, heading to the Baltic aboard the hospital ship USNS Comfort, a huge floating trauma facility. Ship and crew will participate in RESCUER/MEDCEUR 02, a two-week rescue, humanitarian assistance, disaster relief, and joint medical operation.

The exercise begins July 15 and involves 3,500 people from seven countries, including Lithuania, Latvia, Estonia, Poland, Germany, Sweden and the United States, as well as units from the World Health Organization and the International Red Cross.

RESCUER/MEDCEUR 02 is designed to improve inter-operability among the participating countries and international organizations by conducting humanitarian assistance and disaster response operations.

According to Comfort Medical Treatment Facility Commanding Officer CAPT Charles Blankenship, MC, this exercise is essential to the Baltic countries' qualifications for their application of membership to NATO. He added that it will also help keep U.S. Sailors ready.

"We're getting more and more involved in humanitarian efforts and disaster relief throughout the world - in the states and abroad," said Blankenship. "Those in Navy Medicine need a broad experience base, both in medicine and patient care, especially when dealing with patients from foreign countries, as we would be doing in many cases."

During the exercise, active-duty Navy, Air Force and Army, as well as Marine Corps Reserves and Army National Guard Special Operations personnel, plan to conduct a mass casualty exercise with members of each host nation's medical-military departments and other civil agencies.

"You don't want your first experience in dealing with a disaster to be the real thing," said Blankenship. "So this is good training for us, too. It teaches them more about Navy Medicine in a field environment."

Navy Medicine personnel from Portsmouth and Norfolk, Va.; Groton, Conn., Portsmouth, N.H.; Great Lakes, Ill., and Comfort's twin hospital ship, USNS Mercy berthed in San Diego, are also aboard.

This is Comfort's first mission since being deployed to provide

humanitarian relief to New York City after the Sept. 11 terrorist attacks on the World Trade Center.

"I think any time you see a big white hospital ship with red crosses go anywhere, it sends a message about our country's resolve," added Blankenship. "It shows our country's willingness to support other nations and their efforts towards unity and peace."

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MN022802. Navy Medicine Takes Steps to Improve Patient Safety
By Jan Davis, Bureau of Medicine and Surgery

WASHINGTON, DC - Navy Medicine is instituting several measures to protect patients by redesigning health care processes and systems, including storing some drugs differently, marking limbs that are to have surgery, using carbon dioxide indicators in birthing areas, and educating patients to speak up.

Patient safety has always been a concern of Navy Medicine, but came to the forefront three years ago when the National Academy of Sciences' prestigious Institute of Medicine estimated that between 48,000 and 98,000 patients died each year in the U.S. as a result of medical accidents. Government agencies - including the Department of Defense - academia and industry immediately banded together to find ways of reducing mishaps.

One step that was immediately taken was to look at how Navy pharmacies store medications.

"Medications with similar names, or similar packaging, or the same drug with different concentrations, were separated or obviously marked," said Ms. Carmen Birk, the Bureau of Medicine and Surgery's risk manager. The intent, Birk said, was to prevent someone in a rush from grabbing the wrong medication.

Another change is marking legs, arms or other parts of the body that are scheduled for surgery. While a simple step, it can be a mishap-saver. It may help prevent mishaps such as the Army experienced on the first day of their patient safety pilot program - a patient signed a consent form identifying the wrong knee for surgery.

Another safety change is the use of carbon dioxide indicators that shows if an oxygen tube has been inserted in a newborn's trachea properly. The indicator changes color in seconds to let the staff know if the tube is placed correctly.

"We had to find a better way to do business to prevent the same mistakes from happening," said Birk. "We looked to aviation, to (service and manufacturing) companies, to look at the processes and systems they used."

According to Birk, three other new suggested safety measures are being explored nationally. These include computerization of medical prescriptions, patient care outcomes as a basis for referrals and wider use of an "intensivist" physician specialty.

Another key to improved patient safety is data collection. The Armed Forces Institute of Pathology will gather reports of patient safety mishaps from all the Armed Services. Birk said this will be an important tool to see if one area is more trouble prone than others.

But according to Birk, the single most important aspect to improved patient safety may be the patients themselves.

She urges patients to ask questions, especially about medications, since medications they take at home may be different than those they take if they are admitted to the hospital.

"We want patients to speak up," said Birk. "We want them to become Navy Medicine's safety monitors."

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MN022803. Rota Optimizes By Shifting Routine Care Portal
By LT Richard E. Carroll, MSC, U.S. Naval Hospital Rota

ROTA, Spain - When the Executive Steering Committee at U.S. Naval Hospital Rota sought a way to more efficiently deliver care yet keep the quality high, they turned to the numbers.

Rota's ESC collected and analyzed data from a number of sources dating back to 2000. What they found was that only 18 percent of the visits to its emergency department could be classified as "urgent," and only another 1 percent as "emergent." The remaining 81 percent could be classified as "routine, non-urgent or non-emergent."

The numbers also showed that from 8 am to 5 pm, while the emergency department was being fully utilized, the family practice clinic often had room to give up to 30 percent more care.

The answer to optimizing the hospital's resources was to shift patients from using the emergency department for routine, non-emergency care to the primary care department as their "portal" for care. Primary Care Managers (PCMs) would then be used more fully. It would also be financially advantageous - resource-intensive emergency department visits are more costly to the hospital than a visit to a PCM.

To help patients use the primary care clinic vice the emergency department, a triage plan was developed to help non-emergency patients get a scheduled appointment in the primary care clinics, usually within an hour.

"The triage program has been a win-win situation for us," said CDR David Lane, MC, head of preventive and primary care services. "It tries to match patients with their PCMs for as many visits as possible, and allows the emergency department to focus its energies on patients with the most acute illnesses."

The Family Practice Clinic also extended its hours, creating even greater improvements to its open access model. Next day call back to all emergency department patients was initiated, reinforcing the use of their PCM for follow-up care.

These actions led to a 36 percent decrease in non-urgent and non-emergent emergency department visits, appropriately shifting them to Primary Care. Another significant outcome in optimizing the command's resources was a 7 percent increase in family practice outpatient visits allowing PCMs the ability to improve the continuity of care provided to beneficiaries.

The reduction represented a potential cost avoidance of $501,979.94.

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MN022804. Sailor Flown to USS Tarawa for Emergency Surgery
By JOSN Jason Trevett, USS Tarawa (LHA 1)

ABOARD USS TARAWA, At Sea - When Benjamin Wagner, a Sailor aboard USS Paul F. Foster (DD 964), woke up with a bellyache, little did he know he was in for the ride of his life. After complaining of severe stomach pains, he was given a medical evaluation and diagnosed with appendicitis.

Foster's corpsmen recommended a medevac, and the ship's company contacted USS Tarawa (LHA 1), the nearest ship with a full medical facility and a surgical team. Before the medical evacuation, the two ships were en route to Pearl Harbor to participate in the major multinational exercise RIMPAC 2002.

"They have a corpsman aboard Paul F. Foster but not a doctor, and the ship had at least two more days to go to get to the nearest hospital in Pearl Harbor," said CDR Mark Hegarty, Tarawa's operations officer. "We had to get him aboard within 24 hours because there was a possibility that his appendix could rupture."

Hegarty said both ships had to change course to get close enough for a helicopter to transport the patient to Tarawa in time.

LCDR David Thoman, MC, of Fleet Surgical Team Nine, performed the surgery, using tiny cameras to avoid making a large incision. "This procedure greatly decreases recovery time and is less painful afterward," he said.

Wagner was recovered enough to return to his ship in only three days.

"It was a good feeling to come aboard Tarawa," said Wagner. "The medical department on my ship told me that I would be treated well here."

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MN022805. Navy Medicine Takes Actions to Assist Portsmouth

PORTSMOUTH, Va. - As a result of a routinely identified potential budgetary shortfall at Naval Medical Center Portsmouth, Navy Medicine is providing a management assistance team to work with the hospital commander and staff to ensure the highest level of patient care and fleet support. Additionally, outside reviewers have been requested to help determine what caused the potential shortfall.

Upon discovering the projected spending shortfall during a routine mid-fiscal year budget review, the center's commander immediately replaced the comptroller, who was principally responsible for managing expenditures and finances.

Navy Medicine officials said that the budget problems would not result in cuts in any patient services, including prescriptions. Actions being considered to manage the potential budget shortfall include restricting travel, new purchases, and other non-service functions. Neither patient care nor fleet support will be impacted. Beneficiaries will continue to receive the highest quality health services.

The management assistance team's first job will be to deal with the potential shortfall, minimize impact, ensure the current budget is met by the end of this fiscal year, and then draft a plan for the next year.

As part of the necessary change in business focus and leadership at the center, the medical center commander is scheduled to leave the center this fall.

Naval Medical Center Portsmouth has an annual budget of $283 million.

The midyear review revealed no other significant budgetary shortfalls at any other medical centers or hospitals.

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MN022806. Bethesda Opens Appointment Call Center

By JO3 Rebecca Horton, National Naval Medical Center Bethesda

BETHESDA, Md. - National Naval Medical Center Bethesda has opened a new in-house appointment call center to make it easier for Bethesda beneficiaries to schedule appointments.

The call center will book appointments for more than 60 primary and specialty care outpatient clinics throughout the hospital. It is open Monday through Friday from 6 am to 6 pm.

"We wanted to be able to enhance access to care and standardize the appointment-making process," said CDR Ann Bobeck, MSC, Bethesda's associate director for Managed Care.

Before the opening of the call center, clinics scheduled their own appointments; the process was decentralized and fragmented.

Customer satisfaction will play a major role in the new call center's function. Patients will have a chance to fill out a customer service satisfaction survey after each call. Call center management will also be able to track call lengths and rates of abandonment.

"We are committed to keeping our uniformed services mission-ready by

providing second-to-none medical services," said RADM Kathleen Martin, NC, NNMC commander.

Fifteen agents who have spent time training in clinics throughout the hospital staff the center. Eventually, as the call load increases, the staff will increase to 28.

Beneficiaries will still be able to schedule appointments through Sierra Military Health Services.

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MN022807. Bremerton Sends Family Medicine Docs Out Into The World
By Judith Robertson, Naval Hospital Bremerton

BREMERTON, Wash. - Twelve physicians of the Puget Sound Family Medicine Residency Program graduated recently, launching them into Navy Medicine to locales as close as the hospital's Branch Medical Clinic in Bangor and as far away as Chinhae, Korea.

Graduating first year residents and their future assignments are: LT David Cunningham, MC, USS Carl Vinson; LT Brendon Drew, MC, 3rd Marine Div., Okinawa, Japan; LT Jason Glass, Naval Hospital Bremerton; LT Phillip Parks, Naval Undersea Medical Institute, Groton, Conn.; LT Carolyn Reimann, MC, Naval Hospital Bremerton; and LT Brandt Rice, MC, Naval Hospital Bremerton.

Graduating third year residents and their duty stations are LT Manuel Alsina, MC, U.S. Naval Hospital Agana, Guam; LT Angela Droz, Bremerton Branch Medical Clinic Bangor; LT Davin Ludquist, Port Hueneme, Calif.; LT Christopher Orsello, MC, Chinhae, Korea; LCDR Gregory Their, U.S. Naval Hospital Guam; and LT Robert Wagenaar, U.S. Naval Hospital Kleflavik, Iceland.

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MN022808. New Program Bumps TRICARE Prime Remote Waived Charges

The interim "waived charges" benefit is a cost saving program implemented by the DoD to forgo cost shares, co-payments and deductibles for active duty family members who reside with their sponsors in TRICARE Prime Remote locations. The waived charges benefit ends Aug. 31, 2002, and will be replaced by the TRICARE Prime Remote for Active Duty Family Members (TPRADFM) program, which begins Sept. 1, 2002.

TPRADFM is a new benefit authorized under the National Defense Authorization Act. The TPRADFM program replaces the interim benefit, reduces or eliminates out-of-pocket cost, and brings equity of the TRICARE Prime benefit to active duty family members who reside with their sponsors in remote locations.

"Once the TPRADFM benefit begins, active duty family members can choose to enroll in TRICARE Prime or continue using TRICARE Standard or Extra benefits," said Coast Guard Lt. Cmdr. Robert Styron, TRICARE Prime Remote project manager at DoD's TRICARE Management Activity (TMA). " Active duty family members who do not choose to enroll in TRICARE Prime will be responsible for the TRICARE Standard cost shares and deductibles."

To take advantage of the TPRADFM benefit, active duty sponsors and family members must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS). To verify eligibility in DEERS, sponsors and family members may contact or visit a military identification card issuing facility. A list of military facilities is available on-line at www.dmdc.osd.mil/rsl <javascript:void openNewWin(>.

They also may contact the Defense Manpower Data Center Support Office toll-free at 1-800-538-9552.

Additional information on the TPRADFM program is available on the TRICARE Web site at www.tricare.osd.mil/remote <http://www.tricare.osd.mil/remote>. Sponsors and active duty family

members also may contact the Worldwide TRICARE Information Center toll-free at 1-877-DOD-CARE (1-877-363-2273)

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MN022809. HealthWatch: Flagging Health: Know What Colors Mean Before Outdoor Exercise

By CAPT Michael Anderson, MC, Naval Hospital Cherry Point, N.C. and Brian Badura, Bureau of Medicine and Surgery

CHERRY POINT, N.C. - During the summer months, heat and humidity can become lethal if several very simple precautions are not observed.

As the temperature rises, everyone should pay attention to the Wet Bulb Globe Temperature (WBGT) and not just the ambient air temperature.

"Most commands receive regular reports about the WBGT when the ambient temperature is above 85 degrees," said CAPT Michael Anderson, MC, executive officer at Naval Hospital Cherry Point. These reports are issued as part of the heat condition flag warning system.

A flag color of green representing a WBGT reading between 80 to 84.9 degrees F indicates that unacclimatized personnel should exercise with caution and under constant supervision.

A yellow flag is posted when the WBGT is between 85 and 87 degrees F. Strenuous exercises should be suspended for individuals that have not been acclimatized to the local climate for at least two weeks.

A red flag condition represents a WBGT of 88 to 89 degrees F. Exercise should be suspended for anyone that has not had the chance to acclimatize for 12 weeks. Acclimatized personnel can carry on limited activity not to exceed 6 hours per day.

Finally, the black flag indicates that the WBGT is greater than 90 degrees. Strenuous outdoor activity should be suspended for everyone. Essential activity for acclimatized personnel should be closely monitored to ensure that it does not exceed medically recommended levels.

No matter what the flag condition is, everyone should be alert for symptoms of impending heat illness, which includes heat exhaustion and heat stroke.

"Heat exhaustion usually occurs when you sweat a lot and don't drink enough to replace the lost fluids," said Anderson. "It generally develops when you are working or exercising outdoors in hot weather."

Symptoms include profuse sweating, fatigue, weakness, headache, dizziness, or nausea. Look for skin that is cool, moist, pale, or flushed. Heat exhaustion can sometimes lead to heat stroke, which requires emergency treatment.

Heat stroke occurs when your body fails to regulate it's own temperature and your body temperature continues to rise, often to 105 degrees or higher. You may stop sweating entirely if you have heat stroke.

Symptoms of heat stroke include confusion, hallucinations, or unconsciousness. Look for skin that is red, hot and dry.

To prevent heat exhaustion and heat stroke, drink eight to ten glasses of water a day. Drink more if you are working or exercising in hot weather. Avoid strenuous outdoor activity during the hottest period of the day, which is 10 a.m. to 4 p.m.

Wear light colored clothing that is loose fitting. Hats with brims should be worn to block the sun. Avoid sudden temperature changes, and air out hot cars before entering.

If you are exercising in hot weather, drink a cup of water before you exercise. Then drink one cup every twenty to thirty minutes while exercising.

The color of your urine can also tell you your level of dehydration. Generally, the darker your urine, the more water you need to drink in order

to replenish lost fluids. When the weather is hot, drink plenty of water and limit your time outdoors. If you notice signs of heat related illness, seek help from a health care provider.

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